

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3						
TOTAL DEP.	15						
TOTAL CLAIMS	18						